

**IDAHO COMMISSION FOR LIBRARIES
LIBRARY SERVICES AND TECHNOLOGY ACT (LSTA)
FY2008 – LIBRARY AUTOMATION AND/OR
RETROSPECTIVE CONVERSION OF LIBRARY RECORDS
COVER SHEET**

Applicant: _____

Address: _____

Project Name: _____

Contact Person/ Title: _____

Phone: _____ E-Mail _____

☐ I have discussed this project with the following Commission for Libraries Consultant as required: Consultant Name: _____ Date: _____

Budget Summary:	LSTA request: (max 75% of total)	\$ _____
	*Local match (min. 25% of total):	\$ _____
	Total Project:	\$ _____

SIGNATURE AND CERTIFICATION:

All participating libraries and other entities must sign this certification (use a separate sheet for multiple participants):

We are aware of, and agree to comply with, the federally mandated assurances enumerated in the Civil Rights Certificate attached to this document. In addition, we assure that we will comply with all legal, program, and other administrative requirements approved in accordance with OMB Circulars A-21, A-87, A-102, A-110, A-122, and A-133 as applicable, and that we are in compliance with the Commission for Libraries' eligibility requirements for LSTA.

See page 18 of Guide for
Appropriate Signatures.

Appropriate Signature	Title	Date
Appropriate Signature	Title	Date

REQUIREMENTS FOR A LIBRARY AUTOMATION AND/OR RETROSPECTIVE CONVERSION GRANT APPLICATION:

Please use 12-point type for all application materials; Times Roman is preferred.

Submit 1 set of original documents with original signatures and 8 sets of copies.

Do not bind or cover. Staple all application materials together: the application Cover Sheet and one each of the items listed below.

Eligibility Checklist: *(Appendix A of this Guide) Send one signed Eligibility Checklist with original signatures for each participant or consortium.*

- If the application is being made by one library on behalf of a group of libraries, each participant must complete a **Cover Sheet** and the **Eligibility Checklist**.
- If a pre-qualified consortium is making the application, a **Cover Sheet** and the **Eligibility Checklist** must be completed for the consortium.

Application consisting of:

- ☐ Eligibility Checklist for each appropriate library identified above
- ☐ Library Automation and/or Retrospective Conversion Grant Application - Cover Sheet
- ☐ Application Narrative 1 - 6
- ☐ Proposed Project Budget
- ☐ Project Related Personnel Costs –
- ☐ Job Description(s) –
- ☐ LSTA Outcomes Logic Model *(The outcome logic model is not required. Refer to page 13 of the guide.)*
- ☐ Appropriate Appendix *(See your library consultant for guidance):*
 - ☐ Appendix B – General Requirement for All Projects *(Read and understand)*
 - ☐ Appendix C – Requirements for Just-In-Time Projects
 - ☐ Appendix E – Requirements for Retrospective Conversion of Library Records
- ☐ Vendor quote for equipment, software and/or services rendered.

(Refer to page 18 of this guide to assist you in identifying Appropriate Signatures.)

(If personnel expenses are part of the total project budget, the Project Related Personnel Costs form must be completed and accompanied by a job description for each position identified.)

Application Instructions:

- Answer each of the questions in the narrative portion of the application as clearly and completely as possible.
- Format your responses identifying the question number, letter, and reiterating the questions for ease of reading.
- Write your response with the assumption that the application reader knows nothing about your library or your project.
- For your convenience, this application form is provided in Word format on the ICFL website at <http://libraries.idaho.gov/forlibs-lsta#docs>.
- Send the application, copies and all attachments to:

Grants Contracts Officer
Idaho Commission for Libraries
325 West State Street
Boise, Idaho 83702-6072

**LIBRARY AUTOMATION AND/OR
RETROSPECTIVE CONVERSION OF LIBRARY RECORDS
GRANT APPLICATION**

1. NEED

The Idaho Commission for Libraries recognizes a need for library automation and/or retrospective conversion projects to assist libraries in preparing their collections for participation in the LiLI-Unlimited union catalog. Therefore, the applicant is not required to expand on this area of the application and is free to move on to the Project Description.

2. PROJECT DESCRIPTION (Page 12 in the LSTA Guide)

A. What are you planning to do?

☐ FOR LIBRARY AUTOMATION PROJECTS: *The applicant library has conducted a Request for Information (RFI) or similar process and has price quotes from viable vendors on which this project budget is based.*

☐ FOR LIBRARY AUTOMATION PROJECTS AND RETROSPECTIVE CONVERSION: *The applicant library will contribute holdings information to the LiLI Unlimited statewide database so it is available for resource sharing purposes.*

A. Provide a brief description of how you plan to do this. Include in this description who will be doing what, how created records will be reviewed for accuracy and how often will the reviews take place.

B. What does the library hope this project will achieve for its users?

By searching through the OCLC FirstSearch interface, Idahoans can find and borrow the library materials they want.

3. OBJECTIVES AND EVALUATION (Page 13 in the LSTA Guide)

Objective 1: At the conclusion of this project, the statewide database will increase by _____ bibliographic records. (complete the blank with the number of records your library has to contribute to the database.)

Evaluation: Final project report will include number of records actually added as a result of the project activities.

Objective 2: By _____ (date training will be completed), _____ (number of library staff trained) Library staff will be trained to catalog library materials in MARC format, bringing the total number of staff involved in the cataloging of library materials for this project to _____. (complete the blank with the total number of library staff involved in the cataloging of records.)

Evaluation: Final project report will include the number of staff trained and a brief

description (title and learning objectives) of the training that was completed.

4. RECORDS SUMMARY

Number of titles to be added to statewide database during grant project:

Books (Adult fiction):	_____
Books (Adult non-fiction):	_____
Books (Juvenile/YA/Children's fiction):	_____
Books (Juvenile/YA/Children's non-fiction):	_____
Large Print books	_____
Serials:	_____
A/V	_____
Other:	_____
 Total items:	_____

5. COLLECTION SUMMARY

Provide a short description of the collection to be processed during the grant project.

6. PLANNING AND SUSTAINABILITY

- A. Briefly describe the applicants approach to creating cataloging data (i.e. MARC records) to be contributed to the statewide database. Example: Describe if cataloging and retrospective conversion activities will take place in-house with existing staff and/or volunteers or if it will be completed by a contractual agreement with a vendor.
- B. What are the learning objectives for any training to take place during the grant project? Who will attend the training and why?
- C. Describe the library's plan for continuation of cataloging and resource sharing activities after the grant project is over.

7. TIMELINE, ACTIVITY AND BUDGET EXPLANATION

- A. List in calendar date order **ALL** the activities necessary to achieve the objectives identified in **3. OBJECTIVES AND EVALUATION** above. Be sure to include staff training when necessary.
- B. Provide an estimated cost for those activities when appropriate, both LSTA and Local. Complete the Proposed Project Budget form and Project Related Personnel Costs forms. The project budget must include at least 25% local or non-federal matching funds.

PROPOSED PROJECT BUDGET

Applicant: _____

Project Name: _____

BUDGET CATEGORIES	LSTA GRANT FUNDS	LOCAL MATCH*	PROJECT TOTAL (A + B)
	A	B	C
Personnel**			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Library Materials			
TOTAL	\$	\$	\$

*Consult the Idaho Commission for Libraries FY 2008 LSTA GUIDE for local match percentages required. If you are having any trouble determining correct match amounts, please call your library consultant for assistance.

**If your budget includes personnel costs, provide a breakdown of the personnel and fringe benefits costs using the PROJECT RELATED PERSONNEL COSTS form on the next page.

[illegible]

Position	Unemployment Insurance on a % of Payroll Basis only = .001 **	Worker's Comp Rate = .0046	FICA Rate = .0765	Retirement Rate =	Health Insurance Rate =	Other Rate =	Total Benefits

Grant funds can be used to pay personnel costs for hours worked on a grant project over and above an employee's usual and customary working hours, up to a maximum of 40 hrs. per week or 1 FTE. If necessary, new employees can be hired at the salary usual and customary for the hired position description. Refer to **PERSONNEL COSTS** in this guide for more information. Salaries reported must be actual current salary levels.

List all project related positions funded by LSTA or matching funds. Report the number of increased hours projected per week, the number of weeks to be worked, hourly rate, gross salary and total benefits for each position. Attach a current job description for each position identified adding at the bottom of the description the changes that will occur for that position as a result of the grant, i.e. increased hours, what duties will be taken away or added etc.

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LSTA OUTCOMES LOGIC MODEL

(Refer to page 13 in this guide for more information. Applicants are not required to evaluate using this method.)

Project Name: _____

Library: _____

Program Purpose: *(Keep this simple, just answer the question We do what, for whom, for what outcome or benefit.)*

OUTCOMES	ACTIVITIES	OUTPUTS	INDICATORS	<u>EVALUATION</u>	
				DATA SOURCE	DATA INTERVAL
<i>(A change in the target audiences skill, knowledge, attitude, behavior, status or life condition as a result of your project or program.)</i>	<i>(What activities must take place to achieve the identified outcome?)</i>	<i>(What are some of the statistics the activity will generate?) Ex: # of participants, increase in circulation?</i>	<i>(When will you know if you have reached success?) Ex: # or % increase in participation. 15 or (15/20) 75% increase in participation.</i>	<i>(Where will the statistics come from to demonstrate success?)Ex: participant lists</i>	<i>(How often will you evaluate the statistics?) Ex: monthly, semi-annual, annual.</i>

**IDAHO COMMISSION FOR LIBRARIES
LIBRARY SERVICES AND TECHNOLOGY ACT (LSTA)
FY2007 MINI-GRANT APPLICATION- UNDERSERVED - COVER SHEET**

Applicant: _____	Address: _____
_____	_____
_____	_____
Project Name: _____	

Contact Person/Title: _____	

This application is for:

☐ A Read to Me Project

☐ I have discussed this project with the following RTM Project Coordinator:

Name: _____
Date: _____

☐ Another underserved audience: _____

☐ I have discussed this project with the following Commission for Libraries Consultant:

Budget Summary:	LSTA: (maximum 75% of total)	\$ _____
	Local match (minimum 25% of total):	\$ _____
	Total:	\$ _____

SIGNATURE AND CERTIFICATION:

All participating libraries and other entities must sign this certification (use a separate sheet for multiple participants):

We are aware of, and agree to comply with, the federally mandated assurances enumerated in the Civil Rights Certificate attached to this document. In addition, we assure that we will comply with all legal, program, and other administrative requirements approved in accordance with OMB Circulars A-21, A-87, A-102, A-110, A-122, and A-133 as applicable, and that we are in compliance with the Commission for Libraries' eligibility requirements for LSTA.

See page 18 of Guide for
Appropriate Signatures.

_____ Appropriate Signature Date	_____ Title
_____ Appropriate Signature Date	_____ Title

SIGNATURE OF COMMUNITY PARTNER: We are aware of, and agree to participate in, the project as outlined in this application and/or our letter of support.

Primary Community Partner Contact/Organization

Date

Printed name of signature above

REQUIREMENTS FOR LSTA MINIGRANT APPLICATION

*Please use 12-point type for all application materials; Times Roman is preferred.
Submit 1 set of original documents with original signatures and 8 sets of copies.
Do not bind or cover. Staple all application materials together: the application Cover Sheet
and one each of the items listed below.*

Eligibility Checklist: (Appendix A of this Guide) Send one signed Eligibility Checklist with original signatures for each participant or consortium.

- If the application is being made by single libraries, one cover sheet for the library and a **representative from the partner organization**.
- If the application is being made by one library on behalf of a group of libraries, each participant must complete a **Cover Sheet** and the Eligibility Checklist.
- If a pre-qualified consortium is making the application, a **Cover Sheet** and the **Eligibility Checklist** must be completed for the consortium

Application consists of:

- ☐ Eligibility Checklist for each appropriate library identified above
- ☐ Mini-Grant Application - Cover Sheet
- ☐ Application Narrative 1 – 10 (Identify the answers to each of the sub-parts on separate paper)
- ☐ Proposed Project Budget
- ☐ Project Related Personnel Costs –
- ☐ Job Description(s) –
- ☐ Letter of Support from your primary partner(s)
- ☐ LSTA Outcomes Logic Model (The outcome logic model is not required. Refer to page 13 of the guide.)
- ☐ Appropriate Appendix (See your library consultant for guidance):
 - ☐ Appendix B – General Requirement for All Projects (Read and understand)
 - ☐ Appendix C – Requirements for Just-In-Time Projects
 - ☐ Appendix H – Requirements for Mini-Grant Underserved Projects

(Refer to page 18 of this guide to assist you in identifying Appropriate Signatures.)

(If personnel expenses are part of the total project budget, the Project Related Personnel Costs form must be completed and accompanied by a job description for

Application Instructions:

- Answer each of the questions in the narrative portion of the application as clearly and completely as possible.
- Format your responses identifying the question number, letter, and reiterating the questions for ease of reading.
- Write your response with the assumption that the application reader knows nothing about your library or your project.
- For your convenience, this application form is provided in Word format on the ICFL website at <http://libraries.idaho.gov/forlibs-lsta#docs>.
- The completed application must be received by the Idaho Commission for Libraries at least 6 weeks prior to any scheduled implementation date of the program.
- Send the application, copies and all attachments to:

Grants Contracts Officer
Idaho Commission for Libraries
325 West State Street
Boise, Idaho 83702-6072

MINI-GRANT APPLICATION NARRATIVE

1. NEED *(Page 11 in the LSTA Guide)*

Describe and document the need in your community for the proposed project.

- A. What need or problem will the project address?
- B. How did the library assess this need?

2. PROJECT DESCRIPTION *(Page 12 in the LSTA Guide)*

Provide a brief description of this project, no more than ½ page, and include in that narrative the following:

- A. What do you plan to do?
- B. How do you plan to do it?
- C. What difference will this project make and why?

3. TARGET AUDIENCE

- A. Describe the target audience and estimate its size.
- B. If you are providing service to people living outside your library jurisdiction, describe how you are working with their libraries or how nonresident library cards will be paid for.

4. PARTNERSHIPS

List your community partner(s) [agencies, organizations, or service providers who serve the target audience you are planning to reach] and tell how you will work together to support your proposed project.

5. REGIONAL/STATEWIDE IMPACT *(Page 12 in the LSTA Guide)*

- A. How will the project help create Idaho's vision of libraries in 2020?
- B. Describe how you and your partners will share information about your project with other libraries and interested organizations.

6. PLANNING AND SUSTAINABILITY *(Page 12 in the LSTA Guide)*

- A. Cite the objective and activity in each library's (or consortium's) strategic plan supporting this project.
- B. Describe the kinds of services your library currently provides for this target audience and how the proposed project would build, enhance or fill the gaps in your services.
- C. Describe how your library's resources (collection, staff expertise, services/programs, facilities, etc.) will contribute to the success of your proposed project.
- D. Briefly, describe how the library will continue this project, if successful, after the grant project year ends, and possible sources of funding.

7. OBJECTIVES *(Page 13 in the LSTA Guide)*

- A. What are the objectives or expected outcomes of the activities of the project?
- B. How will the target audience, described in question III above, benefit from the project?
- C. One objective must address how the library will continue the project after the grant period is over.

8. EVALUATION *(Page 13 in the LSTA Guide)*

Describe how you will know if your project is successful.

- A. How will you evaluate the impact of your project on the need described above? What are the outcomes for the target audience?
- B. Describe both the evaluation method or process, and the evaluative criteria. The evaluation must relate directly to the need (see question VI above) and the objectives (see question VII above).
- C. How will you use the results of your evaluation?

9. SERVICE PLAN AND OUTREACH

- A. Describe the services you plan to implement and who will be responsible for carrying out the activities.
- B. How will you reach members of the target audience who are not already library users?
- C. Describe staff training and informing the public, where appropriate.

10. TIMELINE, ACTIVITIES AND BUDGET EXPLANATION *(Page 13 in the LSTA Guide)*

- A. Maximum LSTA grant award is \$5,000.
- B. Total project budget must include at least 25% local or non-federal matching funds (\$6,667 Total Project Budget = maximum \$5,000 LSTA + minimum \$1,667 match).
- C. Develop a timeline which details the activities necessary to make this project successful and when activities will take place. Incorporate when expenditures of funds will occur and in what amounts, both LSTA and Local.

MINI-GRANT PROPOSED PROJECT BUDGET

Applicant: _____

Project Name: _____

BUDGET CATEGORIES	LSTA GRANT FUNDS	LOCAL MATCH*	PROJECT TOTAL (A + B)
	A	B	C
Personnel**			
Fringe Benefits			
Travel			
Equipment			
Supplies			
Contractual			
Library Materials			
TOTAL	\$	\$	\$

* Local cash match must be a minimum of 25% of the total project budget; maximum \$5,000 LSTA grant + minimum \$1,667 local match = \$6,667 total project budget.

** If your budget includes personnel costs, provide a breakdown of the personnel and fringe benefits costs using the PROJECT RELATED PERSONNEL COSTS form on the back of this page.

** LSTA funds can only be used to pay personnel costs for hours worked above and beyond current workload (up to a maximum of 40 hours per week or 1 FTE per individual), or for a new employee hired specifically for this project or service.

[illegible]

Position	Unemployment Insurance on a % of Payroll Basis only = .001 **	Worker's Comp Rate = .0046	FICA Rate = .0765	Retirement Rate =	Health Insurance Rate =	Other Rate =	Total Benefits

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LSTA OUTCOMES LOGIC MODEL

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Project Name: _____

Library: _____

Program Purpose: *(Keep this simple, just answer the question. We do what, for whom, for what outcome or benefit.)*

<u>EVALUATION</u>					
OUTCOMES	ACTIVITIES	OUTPUTS	INDICATORS	DATA SOURCE	DATA INTERVAL
<i>(A change in the target audiences skill, knowledge, attitude, behavior, status or life condition as a result of your project or program.)</i>	<i>(What activities must take place to achieve the identified outcome?)</i>	<i>(What are some of the statistics the activity will generate?) Ex: # of participants, increase in circulation?</i>	<i>(When will you know if you have reached success?) Ex: # or % increase in participation. 15 or (15/20) 75% increase in participation.</i>	<i>(Where will the statistics come from to demonstrate success?) Ex: participant lists</i>	<i>(How often will you evaluate the statistics?) Ex: monthly, semi-annual, annual.</i>

